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Substitute for to	Substitute for form 1449/PTO		Application Number	10/553,275		
APINODE COMPONIDADO CONTRE				Filing Date	October 13, 2005	
INFORMATION DISCLOSURE			OSURE	First Named Inventor	Corswant	
STATEMENT BY APPLICANT				Art Unit	TBA	
(Use as many sheets as necessary)				Examiner Name	ТВА	
Sheet	1	of	1	Attorney Docket Number	1103326-0798	

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Examiner	Cite	Document Number	Publication Date	Name of Patentee	Pages, Columns, Lines, Where				
lnitials*	No.	Number-Kind Code <sup>2</sup> (//known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages/Figures Appear				
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Examiner Initials	Cite No. <sup>1</sup>	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	Té		
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Examiner Signature		/Deborah Carr/		Date Considered	05/31/2007	_		
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